

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009677

FILED
Apr 10, 2009
Secretary of State

Entity Name: FRIENDS OF ST. JOHNS COUNTY PET CENTER, INC.

Current Principal Place of Business:

130 N. STRATTON ROAD
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

130 N. STRATTON ROAD
ST. AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 80-0269591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FURNARI, ANNE M
130 N. STRATTON ROAD
ST. AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FURNARI, ANNE M
Address: 246 HOLLAND DRIVE
City-St-Zip: ST. AUGUSTINE, FL

Title: TD () Delete
Name: WILLIAMS, PAT
Address: 659 BATTERSEA DRIVE
City-St-Zip: ST. AUGUSTINE, FL

Title: SD () Delete
Name: LEE, ABBY
Address: 5028 CLAYTON COURT
City-St-Zip: ST. AUGUSTINE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FURNARI, ANNE M
Address: 246 HOLLAND DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: TD (X) Change () Addition
Name: WILLIAMS, PAT
Address: 659 BATTERSEA DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: SD (X) Change () Addition
Name: LEE, ABBY
Address: 5028 CLAYTON COURT
City-St-Zip: ST. AUGUSTINE, FL 32095

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE M. FURNARI

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date